convenient time and place, please contact:

Mrs. Shaw
at:

Notice of Meeting

	et(s) of EXAI ed to a meeting to:	MPLE 1	Date	5/29/2008		
X Review evaluation / re-evaluation data and consider your student's eligibility for special Education and related services.						
If student is determined to be eligible, the team will also:						
 Discuss / develop an individualized education program (IEP) for your student, and consider the educational placement of your student. Enclosed is a copy of the Procedural Safeguards. 						
 □ Consider transition services including post-secondary goals. Your student is invited to participate. □ An outside agency representative will be invited, as described below, with your consent (see 						
attached consent form).						
	☐ Discuss the educational placement of your student.					
□ Other						
`	g is scheduled as follows 6/1/08 Time			Location	Room 310	
Participants we expect to be in attendance, who will be invited by school personnel:						
X LEA Representative Mr. Smith						
X Special Ed	ducation Teacher	Mr. Smoo	<mark>oth</mark>			
X Regular E	ducation Teacher	Mrs. Mod	<mark>oth</mark>			
X Student (a	is appropriate)	EXAMPL	<mark>Е 1</mark>			
Name			Pos	ition / Agency		
Name			Pos	ition / Agency		
Name			Pos	ition / Agency		
Name			Pos	ition / Agency		
Name			Pos	ition / Agency		
Name			Pos	ition / Agency		
If any IEP team member will not be attending the IEP meeting, complete and attach the form						
"IEP team member not attending" prior to the meeting.						
You may bring other individuals who have knowledge or special expertise regarding your student. At your request the Part C service coordinator or other representatives of the Part C system may be invited to participate at the initial IEP meeting for a student previously served under Part C of the IDEA. Please notify the person listed below and he/she will extend the invitation. If you plan to do so, or if this is not a						